

NOV 02 2005

Fax Transmission

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ATTENTION!Andrew W. SuttonPamela Barker

NOV 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Pamela J. Barker Docket No.:
Serial No.: 10/806,059 Group Art Unit: 3765
Filed: March 22, 2004 Examiner: Andrew W. Sutton
For: PROTECTIVE HAND GUARD

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

I. ENCLOSURES

Transmitted herewith are the following documents for the above-referenced application:

- ☒ 6 Page Amendment; and
☒ Postcard for date-stamped return as confirmation of receipt of these materials.

II. STATUS

- ☒ Applicant claims small entity status under 37 CFR 1.27.

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00

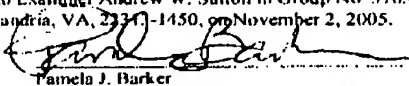
Fee \$0.00

- ☐ If an additional extension of time is required please consider this a petition therefor.
- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Andrew W. Sutton in Group No. 3765 at facsimile number (571) 273-8300 located at Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on November 2, 2005.

Date November 2, 2005


Pamela J. Barker

10/806,059

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IV. FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	15	Minus *0*	19	0	x25=	\$0		x50=	\$0
Indep.	2	Minus *0*	3	0	x100=	\$0		x200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180=	\$0		x360	\$0
					TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0

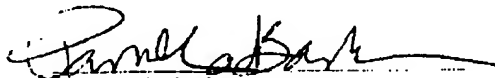
- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.00.

V. FEE PAYMENT

- ☐ Check No. _____ is enclosed in the amount of \$225.00 for a two month extension of time.

Respectfully submitted,

Date: November 2, 2005


Pamela J. Barker

Pamela J. Barker
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Henderson, NV 89015
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AMENDMENT

Sir:

Please consider the following remarks in light of the office action mailed on August 2, 2005.

A pending list of claims begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.